August 16, 2010 through September 16, 2010 Meetings have been scheduled at various locations.

City probationary and status employees regularly scheduled to work 30 hours or more per week are eligible to participate in the upcoming open enrollment period for PayFlex, health, dental, and vision coverage. Probationary and status employees regularly scheduled to work 20 hours or more per week are only eligible to participate in the upcoming open enrollment for PayFlex.

Open Enrollment forms and information will be available 8/16/10 on our website: www.lincoln.ne.gov. Key word search: Personnel - then click 'City Benefit Information'.

HEALTH INSURANCE

Plan begins November 1, 2010; first deduction: October 7, 2010

Effective November 1, 2010 health coverage will be available with Coventry. You must complete a form only if you are making changes.

DENTAL INSURANCE

Plan begins November 1, 2010; first deduction: October 21, 2010

Dental Insurance with Ameritas will again be available. You must complete a form only if you are making changes. There are no plan design changes.

EYEMED VISION

Plan begins November 1, 2010; first deduction: November 4, 2010

Vision coverage will again be available with EyeMed. You must complete a form only if you are making changes. There are no plan design changes.

PAYFLEX

All PayFlex enrollments for open enrollment will now be done electronically on the Employee **Intralinc.** No paper forms will be accepted for this plan.

To access this enrollment while at work, simply click on "Automatically" under Windows Credentials. When you arrive at the Intralinc home page, click on "City Employees" in the Employee's Self Service Section and then select Open Enrollment PayFlex.

To access this information outside of work will require your Mainframe Credentials of User ID and Password.

Current Plan: November 1, 2009 through October 31, 2010; Final deduction: October 21, 2010

New Plan: November 1, 2010 through October 31, 2011; First deduction: November 4, 2010 Plan covers 26 pay periods.

- #1 Premium Account enrollment will be automatic unless you waive participation.
- Unreimbursed Health Care Expense Account plan year maximum will remain at \$5,000. #2 PayFlex will continue to use the PayFlex Debit Card. We will again have the 2 ½ months Grace Period. (This allows participants until January 15, 2011 to incur eligible expenses.)
- #3 Dependent/Child Care Expense Account plan maximum remains at \$5,000 (\$2,500 if you and your spouse file separate tax returns).

You must re-enroll each year in reimbursement accounts (#2 & #3).

You must re-enroll each year in the PayFlex Parking Reimbursement Account, if you wish to pay work related parking expenses pretax.

2010 CITY OF LINCOLN OPEN ENROLLMENT MEETING SCHEDULE

Monday, August 23, 2010

9:00 a.m. Fire – 1801 Q St. - Live Teleconference

Tuesday, August 24, 2010

9:00 a.m. Health Department – 3140 N St. - Training Center

2:30 p.m. Council Chambers – 555 S. 10th St.

Wednesday, August 25, 2010

2:30 p.m. Wastewater – 2400 Theresa St. - Training Room

Thursday, August 26, 2010

8:30 a.m. Street Maintenance – 901 N. 6th St. - West District Shop

1:00 p.m. Council Chambers -555 S. 10^{th} St.

Friday, August 27, 2010

9:00 a.m. Council Chambers – 555 S. 10th St.

Tuesday, August 31, 2010

8:30 a.m. Bennet Martin Library – 136 S. 14th St.. - 4th Floor Auditorium

Wednesday, September 1, 2010

3:00 p.m. Parks & Rec. – Auld Recreation Center – 3140 Sumner (Antelope Park)

Thursday, September 2, 2010

8:30 a.m. Wastewater – 2400 Theresa St. - Training Room

CITY OF LINCOLN

2010-2011 HEALTH, DENTAL, AND VISION MONTHLY RATES EFFECTIVE NOVEMBER 1, 2010 EMPLOYEES REPRESENTED BY FIRE

COVENTRY

| | SINGLE | <u>2/4-PARTY</u> | <u>FAMILY</u> |
|--|--|--|---|
| Full Rate City Share Employee Share* | \$ 417.96 <u>\$ 417.96</u> \$ 0.00 | \$ 927.88 \$ 872.22 \$ 55.66 | \$1,228.78 <u>\$1,155.06</u> \$ 73.72 |
| AMERITAS DENTAL | | | |
| | SINGLE | <u>2/4-PARTY</u> | <u>FAMILY</u> |
| Full Rate City Share Employee Share* | \$ 31.18 \$ 31.18 \$ 0.00 | \$ 61.70 <u>\$ 58.00</u> \$ 3.70 | \$100.34 <u>\$ 94.32</u> \$ 6.02 |
| EYEMED VISION CARE | | | |
| | <u>SINGLE</u> | 2-PARTY 4-PARTY | Y FAMILY |

There are four enrollment options available for health, dental, and vision coverage. They are:

\$ 9.16 \$ 17.40

\$ 18.32 \$ 27.28

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

*Must complete 90 days of employment before employee is eligible for City contribution.

Employee Share